SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number	
ROBERT STEELE	P 074 978 817	
1055 N 400 E	Type of Service:	
NEPHI UT 84648	Registered Insured	
	Certified COD Express Mail Return Receipt	
4	for Merchandise	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature Address X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent		
X		
7. Date of Delivery		
4.20-7/		
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT		

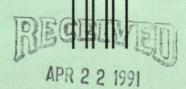
JB M/023/015 DOGM 4/15/91 HC

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



DIVISION OF OIL GAS & MINING



USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

STATE OF LITAH

NATURAL RESOURCES

OIL, GAS, & MINING

3 TRIAD CENTER, SUITE 350 SALT LAKE CITY, UTAH 84180-1203.

074 978 817

RECEIPT FOR CERTIFIED MAIL

B

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

Sent to ROBERT STEELE	M
Skeet and No. 1055 N 400 E	
P.O., State and ZIP Code NEPHI UT 84648	N
Postage S 2 9	M/023/015
Certified Fee / 00	3/0
Special Deliver Total UT MA	15
Restricted Devery ACT	4
Return Reckipt showing to whom and Pare Daggett 5 / 00	4/15/91
Return Receip Wwing Conner. Date, and Address of Delvio	/91
TOTAL Postage and Fees \$ 229	_

PS Form 3800, June 1985

Postmark or Date